



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Bi	iner 2	00	10
Account Number: /0	0207		Date of	of this Report: ///9/37
REPORTING PERIOD:	FROM: /	1/1/06	_ TO:	12/31/06
Check the box that applies to	o this report:			
Primary Election	□ 8-DAY	☐ 30-DAY		Office:
General Election	□ 8-DAY	☐ 30-DAY		Nine
Other Election	□ 8-DAY	□ 30-DAY		
Special Election	□ 8-DAY	□ 30-DAY		
Year End Report	Final Organiz	zation Closing		Closing Date:
regulations regarding Camp	aign Finance and the	e election process in t	he State	eccurate and correct. I agree to abide by all rules and to f Delaware. I understand that representatives from formation provided on this report.
TREASURÉR SIGNATURE	22			1/14/27
CANDIDATE SIGNATURE				DATE



STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	100207	REPORTING PERIOD:	1/1/20	-12/3/10
1.		G BALANCE Balance from last reporting period	d)	FROM	0
2.	RECEIPTS	:			,
	A.	SCHEDULE A - TOTAL REC	EIPTS	_	600
	В.	SCHEDULE C-1 - TOTAL IN-	-KIND CONTRIBUTIONS	_	0
	C.	SCHEDULE D-1 - TOTAL LO	DANS RECEIVED	_	0
	D.	SCHEDULE E - TOTAL EXP	ENSE REIMBURSEMENTS RECEIV	/ED _	0
	E. SUB	TOTAL (Total of A, B, C, D)		_	600
3.	EXPENDIT	URES:			
	F.	SCHEDULE B - TOTAL EXP	ENDITURES	_	0_
	G.	SCHEDULE C-2 - TOTAL IN	-KIND EXPENDITURES	_	0
	н.	SCHEDULE D-2 - TOTAL LO	DAN PAYMENTS	_	600
	I.	SCHEDULE E - TOTAL EXP	ENSE REIMBURSEMENTS PAID	_	0
	J. SU	BTOTAL (Total of F, G, H, I)		_	600
4.	ENDING B	ALANCE g Balance plus 2E, minus 3J)		-	0
5.	VALUE OF	F NON-CASH ASSETS (From Sch	edule F)	-	
6.	VALUE OF	DISPOSED/TRANSFERRED AS	SSETS (From Schedule G)	-	0
7.	VALUE OF	LOANS AT END OF PERIOD (I	Loan Balance from Schedule D-2)	_	3 700
8.	CLOSE OU	T BALANCE (Must equal zero if	Committee closed)	2	3700



SCHEDULE A - TOTAL RECEIPTS

ACCT#:	100 207	REPORTING PERIOD:	16	100	12/21/06
					FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
12/51	*	Store Biene	124 Yardy La 19815	603	600
4					
TOTAL RE	CEIPTS IN	EXCESS OF \$100			600
FOTAL RE	CEIPTS NO	OT IN EXCESS OF \$100			0
	OTAL RECE		NT OF ACCOUNT BALANCE, ITEM 2A)		600

* In the form of loon forgiveness



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:	100207	REPORTING PERIOD:	1/1	106	- /2	-131/00
					FROM	TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Reason Code	Aggregate Amount	Amount Expended
12/1/46 5	ter men	124 Yada 62 1940			
					Tomat and the contract of
	In Court Dealer				
					an edition
			_		
			_		
				Manager and the same	
		AND THE RESERVE OF THE PARTY OF		2000000	
		A TOTAL MENT OF THE STATE OF TH			
	CONTRACTOR OF				
OTAL EXPEN	DITURES IN EXCESS OF	\$100			
OTAL EXPEN	DITURES NOT IN EXCES	SS OF \$100			
	EXPENDITURES				0
HIS TOTAL SHO	ULD ALSO APPEAR ON PAGE	2, STATEMENT OF ACCOUNT BALANCE, ITEM 3	F)		



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

N-KIND CONT	c listed if the aggregate amount TRIBUTIONS IN EXCESS OF	the same person or organization several tin is over \$100, even if the individual amoun F \$100: RKET VALUE LESS ANY PAYMENTS YOU MA	ts are not.	
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Receive
			THE REAL PROPERTY.	
	1///	LETTER SHAPE OF THE PERSON OF THE SECOND		
	Company of the second	THE EAST OF STREET		11 12/01
	THE RESERVE OF THE PARTY OF THE			
	Later to the last			
		HEAD IN SECTION OF THE PARTY OF		
				The state of the s
	Name of the State			

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT#:	100 207	REPORTING PERIOD:	1/1/06	12/3,/06
			FROM	TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expended
			1	
		THE RESERVE AND REAL PROPERTY.		
	200			
Henry Man				
OTAL IN-KIND	EXPENDITURES IN EXC	ESS OF \$100	-	
OTAL IN-KIND	EXPENDITURES NOT IN	EXCESS OF \$100		
RAND TOTAL	IN-KIND EXPENDITURES			
THIS TOTAL SHOU	LD ALSO APPEAR ON PAGE 2, S'	TATEMENT OF ACCOUNT BALANCE, ITEM 30	3)	



SCHEDULE D-1 - LOANS RECEIVED

		PERIOD should be itemized on this schedule. NOTE: These loans m	FROM nust also be listed on Schedule D-2.	12/	5.5%
Date eceived	D IN EXCESS OF \$50; Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
11177					
					1787
			Laction of the last		
			N. E. L. Barrier		



SCHEDULE D-2 - LOANS

		THE CHILL OF BRIDE	FROM	то
ACCT#:	100 207	REPORTING PERIOD:	1/1/00	12/3/100

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
2000	Condidate		NA	NA	4300	600	3700
						21111	
					E L'ELS		
			Jacobs St. (1984) 1984				
			Make the pulsable of the same				
	CKNOW BT						
TOTAL LO			NT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULI		4500	400	3700



SCHEDULE E - EXPENSE REIMBURSEMENTS

expense reimbu	rsements received by you and paid by you must be ite	nized.			FROM
	NTS RECEIVED (Monies paid to you as reimburse				
Date eceived	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
		or activity	Date	Expense Amount	Received
			ARCHITECTURE		
					-0
OTAL REIMBU	RSEMENTS RECEIVED				0
	RSEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2	, STATEMENT OF ACCOUNT BALANCE, ITEM 21))		0
EIMBURSEMENTS	S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2		0)		0
EIMBURSEMENTS	S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2	s for expenses they incurred.)			0
IMBURSEMENTS IMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity	Total	Reimbursement
IMBURSEMENTS IMBURSEME Date	S RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2	s for expenses they incurred.)		Total Expense Amount	Reimbursement Paid
IMBURSEMENTS IMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity		
EIMBURSEMENTS	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity		
IMBURSEMENTS IMBURSEME Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity		
EIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity		
EIMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred.) Description	Activity		



SCHEDULE F - NON-CASH ASSETS

CCT#:	100 207	REPORTING PERIOD: //	1/06-1
			FROM
mize all non-cach ac	sate aumad by the arganization includi	ing those paid for by the organization, lent to the organi	
tributed to the organ	nization	ing those paid for by the organization, lent to the organi	zation and
a routed to the organ	nzaron.		
ST ALL NON-CAS	H ASSETS:		
Date	Description	Location	Value
eceived	of Asset	of Asset (Physical Address)	of Asset
- 74			
		TOTAL TRANSPORT OF THE PARTY OF	
			VI TO THE REAL PROPERTY.

TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

CCT#:	100007	REPORTING PERIOD:	106 - 12/s
emize all non-cash ass	sets disposed of, transferred or sold by the	ne organization during the reporting period.	FROM
LL NON-CASH ASS	SETS		
Date liminated	Description of Asset	Disposition of Asset	Value Received
		CONTRACTOR OF THE PROPERTY OF	
THE CONTRACTOR			

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)